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| COVID-19 Initial Audit FormUse this form to assess your current COVID-19 arrangements so that you can identify what measures you currently have in place and what further action is required. |
| **Company Information** |
| **Company Name:**  |
| **Consultant Name:** | **Time:** |
| **Company Contact:** | **Date:**  |

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| **General**  |
| **Company summary:** **Work activities:** |
| **Who may be harmed? (employees, site workers, members of the public, etc):** |
| **What work is being carried out during the coronavirus pandemic?**  |
| **Have there been any reported cases of employees with COVID-19 at the premises?**  |

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| **Assessment Checklist** |
| **Policy and Risk Assessment** | **Yes** | **No** | **Comments** |
| Is there a specific Coronavirus Policy in place? |  |  |  |
| Has a specific COVID-19 Risk Assessment been completed?  |  |  |  |
| Is there a COVID-19 Emergency Action Plan in place? |  |  |  |
| Has all documentation been communicated to members of staff?  |  |  |  |
| Have you notified your insurer of any unoccupied buildings? |  |  |  |
| Have you displayed the COVID-19 Secure Notice? |  |  |  |
| **Prevention of Spread – Workplaces with Continuing Employee Presence** |
| Is social distancing being encouraged between workers and other persons in all areas of the workplace? |  |  |  |
| Have social distancing control measures been relayed to remote workers? |  |  |  |
| Have all site control measures been put in place? |  |  |  |
| If site presence is required, is it feasible to introduce a rota system to keep groups of staff separate whilst maintaining service? |  |  |  |
| Is there an adequate supply of hand soap and hand sanitiser in the workplace?  |  |  |  |
| Is there hot/cold running water provided to all members of staff?  |  |  |  |
| Can the numbers of visitors to your site be reduced? |  |  |  |
| Are visitors asked to notify you of any symptoms or contact with COVID-positive individuals before they are admitted into the site? |  |  |  |
| Are facilities in place for visitors to wash their hands at entry to your premises, and when moving through your premises? |  |  |  |
| Are site opening checks carried out?  |  |  |  |
| Are daily site cleaning checks completed?  |  |  |  |
| Are arrangements in place to clean your workplace thoroughly if a symptomatic person is identified to have been present for any length of time? |  |  |  |
| Are suitable levels of site security available if the premises are unoccupied? |  |  |  |
| **Vulnerable Workers – Workplaces with Continuing Employee Presence**  |
| Is there anyone over 70 working at the site? |  |  |  |
| Is there anyone pregnant working at the site?  |  |  |  |
| Is there anyone with underlying health conditions that is working at the site?  |  |  |  |
| Are there any other [vulnerable persons](https://www.gov.uk/government/publications/Coronavirus-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults) on site or that need to be considered?  |  |  |  |
| **Homeworkers**  |
| Have all homeworkers completed the Homeworking Risk Assessment form? |  |  |  |
| Has advice on display screen equipment been provided? |  |  |  |
| Is the work equipment provided suitable for the task? |  |  |  |
| Have homeworkers received suitable training in the use of work equipment? |  |  |  |
| Is all the equipment supplied to all homeworkers in good repair and good working order? |  |  |  |
| Have all homeworkers been provided with guidance documentation?  |  |  |  |
| **Remote Employees – Work Activities Off Site** |
| Are lone worker control measures in place? |  |  |  |
| Are Pre-site Risk Assessments carried out when visiting other workplaces?  |  |  |  |
| Are employees able to wash their hands regularly whilst working off-site and is hand sanitiser provided? |  |  |  |
| **Communication and Consultation – All Employees** |
| Are regular updates being communicated with all employees?  |  |  |  |
| Has the Employee Guide to Health and Wellbeing document been distributed to all members of staff?  |  |  |  |
| Are employees provided with up-to-date emergency contact details? |  |  |  |
| Do you ensure regular and accurate communication about business contingency arrangements? |  |  |  |

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| **Action Plan** |
| **Action required** | **By** | **Priority** | **Timescale** | **Completed** |
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